



504 Snidow St. P.O. Box 549
Pembroke, VA 24136

Via Express Mail

October 23, 2013

Federal Communications Commission
Attn: Marlene H. Dortch, Secretary
445 12th St., SW, Room TW-A325
Washington, DC 20554

RE: WC Docket Nos. 10-90 and 11-42

Dear FCC Secretary Dortch:

Enclosed please find four copies each of the Form 481 – Carrier Annual Reporting for Pembroke Telephone Cooperative “Confidential” and “Redacted” filed for Program Year 2014. This has been filed with USAC and the Virginia State Corporation Commission. Also, two copies have been sent to the FCC Wireline Competition Bureau to the attention of Mr. Charles Tyler. Pembroke Telephone Cooperative submits this as **“CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET NO. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.”**

Should you have any questions regarding this or need additional information, please do not hesitate to contact our office. Thank you for your help in this matter.

Sincerely,

Jill Williams
Office Manager

CC: FCC Wireline Competition Bureau
Mr. Charles Tyler
Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	190243
<015> Study Area Name	PEMBROKE TEL COOP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Jill Williams
<035> Contact Telephone Number: Number of the person identified in data line <030>	540-626-7111
<039> Contact Email Address: Email of the person identified in data line <030>	jillwilliams@pemt1.net

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.5"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed	<input type="text" value="0.0"/>			
<450> Mobile	<input type="text" value="0.0"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="190243va510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="190243va610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jill Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-626-7111
<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pentel.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	14.0

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemt.net

[illegible]

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July 2013

<010>	Study Area Code	190243
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<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemt看el.net
<810>	Reporting Carrier	Pembroke Telephone Cooperative
<811>	Holding Company	
<812>	Operating Company	

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemt1.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190243
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jill Williams
<035>	Contact Telephone Number - Number of person identified in data line <030>	540-626-7111
<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemtel.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	190243
<015>	Study Area Name	PEMBROKE TEL COOP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jill Williams
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pentel.net

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	190243va1210
		Name of attached document (.pdf)

<1220>	Link to Public Website	HTTP www.pentel.com/Local%20Service.htm
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemtcl.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemtcl.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p>	<input type="checkbox"/>
<p>(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} (3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p>	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, (3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification. (3024) Underlying information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>	<p>Name of Attached Document Listing Required Information</p>	<p>190243va3017</p> <input type="checkbox"/> (Yes/No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemtrel.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: PEMBROKE TEL COOP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/14/2013
Printed name of Authorized Officer: Leon Law	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 540-626-7111	
Study Area Code of Reporting Carrier: 190243	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	190243
<015> Study Area Name	PEMBROKE TEL COOP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Jill Williams
<035> Contact Telephone Number - Number of person identified in data line <030>	540-626-7111
<039> Contact Email Address - Email Address of person identified in data line <030>	jillwilliams@pemtel.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

[illegible]

Pembroke Telephone Cooperative's demonstration of complying with applicable service quality standards and consumer protection rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, **Pembroke Telephone Cooperative** (“Company”) is not governed by the rules of the VAC for service quality standards and consumer protection rules. However the Company in the interest of protecting its own customers has incorporated consumer protection procedures comparable to those required of ILEC’s in the State of Virginia, allowing the Company to meet or exceed existing VAC rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms and conditions of service; (2) truth-in-billing requirements;

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

and (3) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Pembroke Telephone Cooperative's Ability to Function in Emergency Situations

Pembroke Telephone Cooperative hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2).¹ The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

As a Cooperative, and in accordance with Virginia Annotated Code (VAC), 20 VAC 5-485, Telephone Cooperatives Act, Pembroke Telephone Cooperative is not governed by VAC rules regarding Emergency Operations. However, in compliance with Federal emergency situations rules the Company's central offices have adequate provision for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Pembroke Telephone Cooperative

VA S.C.C. Tariff No. 1
First Revised Page No. 60
Cancelling Original Page No. 60

SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP)

4.10.1 General

The Virginia Universal Service Plan (VUSP) is an offering designed to assist qualified customers to subscribe to and to retain Local Exchange Service. The VUSP consists of the Lifeline Program.

(C)

4.10.2 Regulations

- A. VUSP Service is available to all qualified customers and will be provided at the residential measured rate or at the individual line rate as described in Section 4. VUSP is applicable only on the primary residence line.
- B. VUSP is inclusive of Local Exchange Service and is subject to the regulations governing Local Exchange service in Section 4 of this tariff.
- C. A customer must be certified by the appropriate state agency that they participate in one of the following programs: Medicaid; Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps; ** Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Low-Income Home Energy Assistance Program (LIHEAP); National School Lunch Program's free lunch program; Temporary Assistance for Needy Families (TANF); or, be able to provide proof of household income which is at or below 135% of the annual Federal Poverty Guideline for all States. Such certification must be provided to the Company and be based in accordance with Federal Communications Commission rules found in CFR § 54.410. (C)
- D. VUSP Service will continue to be provided to a customer who meets the qualification criteria outlined above. The continuation of qualification for VUSP Service must be recertified every 12 months, following the establishment of the VUSP Service. Without such recertification, the customer's VUSP Service will be discontinued. (C)
- E. When the Telephone Company receives notice from the appropriate state agency under the auspices of the Virginia Secretary of Human Resources, or the customer, that the customer is no longer meeting the qualification criteria outlined above, the Telephone Company will notify the customer that the VUSP Service will be disconnected or changed to another class of residential service. This change will be made at no charge to the customer.

(M)
|
(M)

** Qualification criteria in addition to the VUSP are due to Federal Communications Commission rules.
(M) Material previously appearing on this Page now appears on Page 61.

Pembroke Telephone Cooperative

VA S.C.C. Tariff No. 1
First Revised Page No. 61
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SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP) (Continued)

4.10.2 Regulations (Continued)

- F. A VUSP customer may not subscribe to any other Local Exchange Service on the same premises.
- G. The Company will not disconnect service for non-payment of toll charges. VUSP Service will not be connected if an outstanding balance associated with local service is owed by the customer.
- H. Customers eligible for VUSP Service are not required to pay a deposit if the customer does not owe the Telephone Company for previous service. Customers eligible for VUSP Service are not required to pay a deposit in order to initiate service if the customer voluntarily elects toll denial. Voluntary toll denial will be provided to qualifying VUSP subscribers at no charge.

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(M) Material appearing on this Page previously appeared on Page 60.

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SECTION 4. DESCRIPTION OF SERVICES AND RATES (Continued)

4.10 Virginia Universal Service Plan (VUSP) (Continued)

4.10.4 Lifeline Program

- A. The Lifeline Program provides for a credit to monthly local service charges for qualifying residential customers.
- B. Lifeline is supported by the Federal Universal support mechanism.
- C. The amount of credit will not exceed the charge for local service.

The total Lifeline credit available to an eligible VUSP customer is \$9.25

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REDACTED – FOR PUBLIC INSPECTION

PEMBROKE TELEPHONE COOPERATIVE (SAC 190243)

ATTACHMENT – LINE 3017

ATTACHMENT REDACTED IN ENTIRETY